

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	691607	3/21/00
O.I.P.E. CLASSIFIER			5-3-00
FORMALITY REVIEW	DMK	691609	5/17/00
RESPONSE FORMALITY REVIEW	11	11	8/29/00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	4 7 5
2	7 4 10
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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